

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212536771

1.) CORPORATION NAME:

**URBAN SCIENCE APPLICATIONS, INC.**DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**SCC ID NO: **F1875279**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 RENAISSANCE CENTER STE 2900

CITY/ST/ZIP: DETROIT, MI 48243

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JAMES A ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	400 RENAISSANCE CENTER STE 2900		
CITY/ST/ZIP/CO:	DETROIT, MI 48243		
NAME:	RICHARD R WIDGREN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS/CFO		
ADDRESS:	400 RENAISSANCE CENTER STE 2900		
CITY/ST/ZIP/CO:	DETROIT, MI 48243		
NAME:	GREGORY DAVIDSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	400 RENAISSANCE CENTER STE 2900		
CITY/ST/ZIP/CO:	DETROIT, MI 48243		
NAME:	RENE M L HANSEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4000 TOWN CENTER STE 1800		
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48075-1505		
NAME:	MICHAEL B STAEBLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4000 TOWN CENTER STE 1800		
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48075-1505		
NAME:	John G Frith	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	400 Renaissance Center		
CITY/ST/ZIP/CO:	Suite 2900 Detroit, MI 48243		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rodney N Wright COO 400 Renaissance Center Suite 2900 Detroit, MI 48243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rebecca M Gualdoni CHRO 400 Renaissance Center Suite 2900 Detroit, MI 48243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Randall Tallerico VICE PRESIDENT 400 Renaissance Center Suite 2900 Detroit, MI 48243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sharif Farhat VICE PRESIDENT 400 Renaissance Center Suite 2900 Detroit, MI 48243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas Longo VICE PRESIDENT 400 Renaissance Center Suite 2900 Detroit, MI 48243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard R Widgren DIRECTOR 400 Renaissance Center Suite 2900 Detroit, MI 48243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James A Anderson DIRECTOR 400 Renaissance Center Suite 2900 Detroit, MI 48243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RICHARD R WIDGREN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		RICHARD R WIDGREN, VP/TREAS/CFO PRINTED NAME AND CORPORATE TITLE	
		9/25/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			